

Child Welfare League of America

CWLA Standards of Excellence for the Management and Governance of Child Welfare Organizations

Child Welfare League of America
Washington, DC

Exhibit F

2.32 Accepting a specific child into a particular foster family

The family foster care agency social worker should assist foster parents to make informed decisions about whether to accept a specific child referred to them for care.

To assist foster parents in making an informed decision about whether to accept a child referred to them for care, the agency should provide foster parents with information relating to the strengths and needs of the child being referred for protection and nurturing; the child's health, mental health, developmental, and educational abilities and risks; the child's family history and background, including special circumstances and experiences; and the family's strengths and needs, including the parents' and other family members' relationships with the child.

Foster parents should be helped to assess:

- The impact of the known and projected strengths and needs on current members of the foster family;
- Their own knowledge and skills in working with the child's and the family's strengths and identified and projected needs; and
- The range of supports the agency will make available to them.

Foster parents should be helped to recognize that some—or many—of the needs of the child may not be known at the time of referral, and that additional needs may be identified after placement.

2.33 Number and ages of children in a foster family

The family foster care agency should not allow more than four children in a foster family, including the foster family's biological and/or adopted children. Exceptions may be made to accommodate sibling groups. New foster parents should be limited to fostering one child for the first six months of fostering.

attention, and structured daily routines and living experiences; and should meet the children's clothing, hygiene, and personal needs.

2.63 Medical, dental, psychological, developmental, and educational assessments

Within 30 days of placement, the family foster care agency social worker, in collaboration with the foster parents, should arrange for medical, dental, developmental, and educational assessments for each child in care. The assessments should be made periodically thereafter to screen for and treat the child's ongoing health, mental health, dental, developmental, and educational needs.

Children in family foster care are at risk of physical, mental health, educational, and developmental problems. In many cases, these problems have not been assessed or treated before children enter family foster care. Parents should be consulted about their children's needs in these areas and should be involved in planning the needed assessments. Comprehensive medical, dental, developmental, and educational assessments should be arranged within 30 days of placement in family foster care. Psychological assessments should be arranged when indicated by the child's emotional and/or behavioral status. Specific attention should be given to general health status, immunizations, mental health and emotional well-being, alcohol and substance use/abuse, and developmental delays and disabilities.

2.64 Arranging for medical, dental, psychological, developmental, and educational services

The family foster care agency social worker should collaborate with the foster family to arrange for and use available resources and advocate for additional resources, when necessary, so that the children in family foster care receive the medical, dental, psychological, developmental, and educational services they need.

Resources that may be needed by children in care include private physicians and dentists who accept agency or Medicaid payments; health and mental health clinics; alcohol and drug treatment centers; psychologists; child development specialists; and special education resources.

2.65 Written consent for medical care

The family foster care agency should obtain written consent from the child's parents, or alternatively, from the court, if necessary, for medical care and hospitalization.

Parents should grant written consent for their child's medical care. Parents should be given assurance that only in the event of an emergency will major surgery, medical treatment, or hospitalization be authorized by the agency for a child in family foster care without parents' previous approval. For those children whose parents' rights have been terminated, the agency should obtain written consent from the court for medical care and hospitalization.

2.66 Meeting children's health care needs

The family foster care agency should use CWLA's *Standards for the Health Care of Children in Out-of-Home Care* as a guide to health care services for the children in its care.

The agency should work closely with the parents to identify and obtain access to preventive health care services; routine health and dental services; emergency health care; mental health care services; remedial health and dental care; education in health, human growth, and development; substance abuse prevention and treatment; HIV/AIDS prevention, according to the child's age and maturity; sexuality and family planning services, according to the child's age and maturity; and guidance concerning good nutrition and the benefits of exercise and self-care. The agency should maintain well-documented records on the health status and health care of all children in its care.

2.67 Meeting children's mental health care needs

The family foster care agency should use CWLA's *Standards for the Health Care of Children in Out-of-Home Care* as a guide to mental health care services for the children in its care.

Because children entering family foster care frequently have experienced difficult conditions in their own homes or previous placements, it is possible that they will have emotional disturbances that require mental health services. Thus, for the protection of both the child and the foster parents, an initial health screening of children entering care should include assessment of emotional disturbances, such as depression, suicide potential, severe behavioral problems, serious emotional disturbance, or substance use. Where indicated, psychiatric or psychological consultation should be sought for further assessment. The child's case plan should include treatment for any conditions identified in such assessments, and ongoing access to such services should be assured. The case plan should reflect monitoring of any mental health care referrals and of the child's progress in response to services given.

2.68 Meeting children's developmental needs

The family foster care agency social worker and the foster parents should work collaboratively and with the child's parents to meet the child's developmental needs, including self-esteem, cultural identity, positive guidance, intellectual/educational growth, and positive social relationships and responsibilities.

All children must have a sense of self-esteem to feel capable, worthwhile, and responsible, and to develop a strong base on which to become resilient, independent, and socially competent. Self-esteem develops when children are securely attached to stable, consistent, loving caregivers, usually parents. When children are challenged developmentally by early life experiences such as abuse, neglect, and abandonment, it is critical that they be given opportunities to build or regain their sense of self. A stable, loving

each child achieve the objectives. A variety of strategies may be appropriate. The foster parents' strategies should:

- Concentrate on the behaviors causing the most difficulty for the child and others;
- Emphasize ways to help the child develop self-control;
- Take a positive approach;
- Derive from an understanding of the meaning of the child's behaviors;
- Be selected and carried out with full respect for the child; and
- Encompass the child's age, developmental level, and past experiences with abuse.

Agencies should develop appropriate policies on discipline and prepare and train foster parents to ensure the safety of the child when using acceptable discipline. In addition, foster parents should be helped to recognize when a child's behavioral problems require referral for counseling or other treatment.

2.70 Inappropriate discipline

The family foster care agency and all staff members and foster parents should adhere to a policy that prohibits foster parents and staff members from engaging in corporal punishment, verbal abuse, or withholding of food or other items essential to the child's protection, safety, and well-being. Compliance with agency policies on discipline should be a condition for foster parent licensing or certification, for relicensing or recertification, and for social worker employment.

Corporal punishment is not an appropriate or acceptable response to a child's behavior. Corporal punishment includes slapping; spanking; paddling; hitting with a belt; having a child march, stand, or kneel rigidly in one spot; and subjecting the child to physical discomfort.

Other unacceptable forms of punishment or behavioral control include verbal abuse, deprivation of sleep, humiliation, inadequate food, and withholding of family visits.

2.71 Meeting children's educational needs

The family foster care agency social worker, foster parents, and parents should work with schools and other educational resources to help children in care receive the education most appropriate to their individual needs.

The educational services for each child in family foster care should include:

- An accurate and comprehensive educational assessment;
- An educational program most appropriate to the educational assessment;
- Support and encouragement to the child in all educational endeavors;
- Necessary supplementary educational supports such as special education, tutoring, career counseling, prevocational education, and special materials; and
- Quiet time, a space to do homework, and encouragement for study and homework.

2.72 School attendance

The family foster care agency social worker, foster parents, and parents should help the children in care achieve the maximum level of formal education they are capable of attaining. They should provide an environment that permits the children to receive the greatest possible benefits from their school experience. All school-age children in family foster care should attend school full-time and should be encouraged to complete high school.

When placed in family foster care, school-age children should be allowed to continue their education in their own schools and neighborhoods whenever in the child's best interests and feasible. Whenever transition to a new school is necessary, the move should include activities and services to prepare the child for what may be a major life disruption.

Children in family foster care should be helped to complete high school or obtain their GED, or to achieve their maximum capacity for formal education. Further education or training (college, professional, or vocational) should be sought for those young people whose aptitudes, personalities, and school records demonstrate that they can and want to profit from such educational opportunities.

For children who have cognitive, emotional, or physical challenges that prevent them from fully benefiting from a regular school program, appropriate educational services and other resources should be arranged. Liaison with the public school system should facilitate the receipt of federally mandated services. Nonpublic schools should work with the public authority to meet acceptable accreditation standards.

2.73 Special education services and individual educational plans

The family foster care agency social worker and the foster parents, with the parents whenever feasible, should collaborate to ensure that all children in family foster care who need special education services have an individual educational plan (IEP) that delineates their educational needs. The family foster care agency should review the IEP within one month of the child's placement.

For each child in care who has special education needs, the family foster care agency should review the IEP to determine whether it reflects the child's current educational needs. The IEP should be modified as its objectives are met. Reviews at least every six months should be conducted to determine the child's ongoing needs and whether they are being met.

2.74 Meeting children's needs for spiritual development

The family foster care agency social worker and the foster parents, with the parents whenever feasible, should collaborate